

STATE RISK INSURANCE SERVICES DIVISION
MASTER COMPUTER & TELEPHONE FORM

FORM FTR-15 (07-08)

INSURED PORTION			
CABINET:			
DEPT:			
CERTIFICATE #			
PROPERTY NAME:			
STREET ADDRESS:			
CITY, STATE, ZIP:			
EFFECTIVE DATE:			
<u>EDP coverage Type</u>	OLD COVERAGE	NEW COVERAGE	DIFFERENCE (+ OR -)
HARDWARE	\$ -	\$	\$
DATA/ MEDIA			
EXTRA EXPENSE			
TOTALS			
<u>Telephone System</u>	OLD COVERAGE	NEW COVERAGE	DIFFERENCE (+ OR -)
	\$ -	\$	\$
TOTALS			

